

**BRUNSWICK COUNTY PARKS AND RECREATION**

**FLAG FOOTBALL LEAGUE  
REGISTRATION FORM**

TEAM NAME: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

OTHER CONTACT: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please Answer the Following Questions:

1) What term best describes your team: ☐ Competitive ☐ Recreational

2) If two divisions are offered, what division would your team play in?

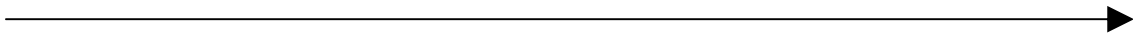
☐ Division A ☐ Division B

3) Please provide any additional comments you may have.

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL PLAYERS MUST SIGN THE ROSTER. ROSTER CHANGES MAY ONLY BE MADE DURING THE FIRST TWO WEEKS OF LEAGUE PLAY. IF CHANGES ARE MADE, PLEASE INFORM THE PARK AND RECREATION DEPARTMENT AT (910) 253-2676.



## **BRUNSWICK COUNTY PARKS AND RECREATION**

## FLAG FOOTBALL LEAGUE - ROSTER/WAIVER

**Team Name:** \_\_\_\_\_

**Managers Name:**\_\_\_\_\_

I, by signing below, am aware that, as in any sport, there is a risk of injury, which comes from participation in an athletic activity or event. I agree to participate in this Brunswick County Parks & Recreational activity or event and agree that the Brunswick County Parks & Recreation Department, the Director(s) of the program, Program Manager, County Park, the Brunswick Count Park Board and other participants will not be liable for medical, dental, or other expenses incurred as a result of accidents or injuries sustained while participating in this activity or event.

**Please Print Players' First and Last Name**

**Players' Signature**

[illegible]